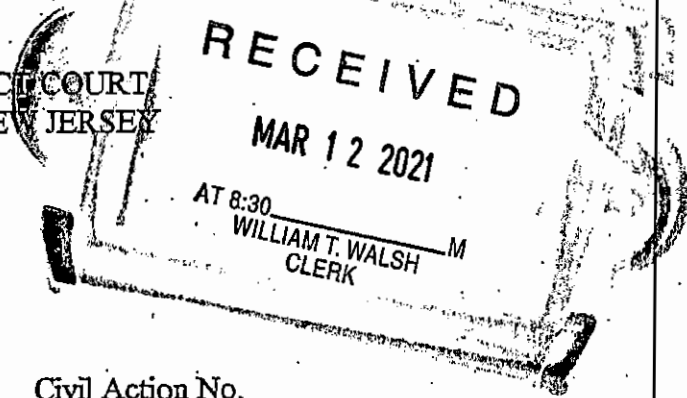


FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT 42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY



LANDRY J. Johnson

(Enter above the full name of the plaintiff in this action)

Civil Action No. \_\_\_\_\_  
(To be supplied by the clerk of the court)

V.

(1.) Atlantic City Police Department

(2.) A.C.P.D OFFICER Scott M. Sendrick # 838

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Enter above the full name of the defendant in this action)

**INSTRUCTIONS – READ CAREFULLY**

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction descends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.

5. Upon receipt of a fee of \$120.00, your complaint will be filed. You will be responsible for services of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedures.
6. If you do not have the necessary filing fee, you may request permission to proceed in forma pauperis, in which event you must execute the application accompanying this form, setting forth information establishing your inability to prepay the fees and costs or give security therefor. If you wish to proceed in forma pauperis, you must also submit a certified copy of your trust fund account statement (or institutional equivalent) which must reflect all deposits on your account for the 6-month period immediately preceding submission of this application, obtained from the appropriate official of each prison at which you are or were confined.
7. If you are given permission to proceed in forma pauperis, you may be required to pay an initial filing fee. If so, no complaint will be filed unless this initial filing fee is paid. You will also be required to make monthly payments of 20 percent of the preceding month's income credited to your account. The Department of Corrections shall forward payments from your account to the Clerk each time the amount in the account exceeds \$10 until the filing fee is paid. The Clerk will prepare and issue a copy of the summonses and the copies of the complaint which you have submitted shall be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete in full and return the forms to the Marshal.
8. Applications for leave to proceed in forma pauperis which do not conform to these instructions will be returned by the Clerk with a notation as to the deficiency.

### QUESTIONS TO BE ANSWERED

1. Previous Lawsuits
  - (a) Have you filed any other suits in federal or state court since you were imprisoned?  
☐ Yes    ☒ No
  - (b) If your answer to (a) is "Yes", describe the lawsuit in the spaces below. (If there is more than one suit, describe the additional suits on a separate sheet, answering the same question for each suit.
    - i. Parties to previous suit:

Plaintiffs: N/A

Defendants: N/A

2

ii. Court (If Federal court, name the district, if state court, name the County) \_\_\_\_\_

N/A

iii. Docket Number: \_\_\_\_\_

N/A

iv. Name of Judge to whom case was assigned: \_\_\_\_\_

N/A

v. Disposition (for example: Was the suit dismissed? Was there an Appeal? it still pending?) \_\_\_\_\_

N/A

vi. Approximate date of filing suit: \_\_\_\_\_

N/A

vii. Approximate date of disposition: \_\_\_\_\_

N/A

viii. Issue in previous suit? \_\_\_\_\_

N/A

Is

2. Place of present confinement? Atlantic County Justice Facility

5060 Atlantic Ave.

3. Parties

MAYS LANDING, N.J., 08330.

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for the additional plaintiffs. If any.)

A. Name of plaintiff: LANDRY J. Johnson

Address: 5060 Atlantic Ave.

Mays Landing, N.J., 08330

Inmate Number: 01-271834

B. First Defendant -- name: Atlantic City Police Department

Official Position: Police Department

Place of employment: Atlantic City Police Department

2711 Atlantic Ave.

Atlantic City N.J., 08401

3

How is this person involved in the case? (i.e., what are you alleging that this person did or did not do that violated your constitutional rights?) \_\_\_\_\_

Atlantic City Police Department is responsible for the lack of training to OFFICERS (Off. Scott M. Sendrick #838) on the use of excessive force purposely during arrest that cause injury.

- C. If there is more than one defendant, attach a separate sheet. For each specify: (1) Name, (2) Official position, (3) Place of employment, and (4) Involvement of the defendant.

4. Statement of claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

On May 5, 2019 @ 4:30 a.m I was surrounded by numerous officers with guns drawn due to a report of an assault at the Pic-A-lilly Pub on Tennessee Ave. Det. Brian McKinney #881 and Off. J. Logan #921 watched surveillance footage that clearly showed the alleged victim assault me 3 times before I had to defend myself. Officers ignored the truth of the incident and did not arrest the alleged victim for assault due to officer J. Logan #921 knowing the victim. Once officers located me they ordered me to place my hands high above, and I complied. Then I was told to walk towards the offices as they still had guns drawn, I complied. Officers were in full control Then Officer Scott M. Sendrick #838 came from behind placing a chokehold around my neck Flipped me over into a pole breaking my hand, injured neck, bruised ribs and knee. Did not get medical attention until hours later after being locked in the dark at Public Safety Building in Atlantic City.

## Statement of Claims : Atlantic City Police Department

I completely complied with OFFicers during this situation and Followed orders the actions OF OFFicer Scott M. Sendrick #838 was excessive and to see it on video OF OFFicers body camera's I have copies OF the use OF excessive Force by OFc. Sendrick and to make matters worst all OFFicers watched and did nothing or called EMS. Then in all police reports the OFFicers covered the situation up by stating it was no incident or injuries during arrest. Atlantic City Police Department seriously need to spend time training OFFicers that Patrol the community and should be held accountable For the Physical Force being used that cause injuries. I had to wear a cast for months and my Cervical disc herniation and Fracture is still a problem.

### 3. Parties

A. Name of plaintiff: Landry J. Johnson

5060 Atlantic Ave.

Mays Landing, N.J., 08330

INMATE NUMBER: 01-271834

B. Second Defendant-- name: OFFICER Scott M. Sendrick #838

OFFICIAL Position: Patrol OFFICER

Place of employment: Atlantic City Police Department

2711 Atlantic Ave.

Atlantic City N.J., 08401



3

How is this person involved in the case? (i.e., what are you alleging that this person did or did not do that violated your constitutional rights?) \_\_\_\_\_

OFFICER S. Sendrick #838 applied a chokehold to my neck From behind Flipping me into a street pole breaking my hand and injuring my neck, bruised ribs, and Knee purposely during arrest while other officers watched and did nothing.

- C. If there is more than one defendant, attach a separate sheet. For each specify: (1) Name, (2) Official position, (3) Place of employment, and (4) Involvement of the defendant.

4. Statement of claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

I was a person of interest in an alleged assault at the

Pic-A-lilly Pub on Tennessee Ave, on May 5, 2019 @ 4:19 a.m. OFFICERS responded to the Pic-A-Lilly. A description was broadcast to dispatch with an attempt to locate. I left on foot from the Pub because I had been attacked and threaten during the incident. at 4:30 a.m I encountered OFFICER Scott.M. Sendrick #838 who I immediately jumped out of his patrol truck with his gun drawn, within seconds numerous OFFICERS surrounded me with guns drawn. I was ordered to place my hands high in the air, I complied and placed my hands open high above my head in act of surrender and walk to OFFICERS as I complied. The OFFICERS had full control when OFF. S. Sendrick ran up from behind me and applied a chokehold around my neck Flipped me over causing my right hand to hit the street light pole breaking my hand, injuring my neck, bruised ribs and bruised Knee purposely during the arrest. → continued

Statement of Claims: OFFicer Scott M. Sendrick #838

I was handcuffed and brought to Atlantic City Public Safety building to only be transferred to Atlantic Care Regional Medical Center later that morning by the next shift OFFicers.

All OFFicers at the scene of my arrest covered the incident up in the reports by saying I was placed into handcuffs without incident or injury or stating I was noncompliant but all video Footage completely show otherwise (I have the video of incident).



4

5. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I want the Atlantic City Police Department  
to compensate For my pain and suffering and  
have OFFicer Scott M. Sendrick #838 forfeit  
his position as a police OFFicer.

6. Do you request a jury or a non-jury trial? (Check only one)

☒ Jury Trial

☐ Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9<sup>th</sup> day of March, 2021

Landry J. Johnson  
Signature of Plaintiff

EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE.  
ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER,  
EACH PLAINTIFF MUST SIGN THE COMPLAINT.